City of San Jose Healthy Neighborhoods Lifestyle Survey
Child Development - FY 2009-10
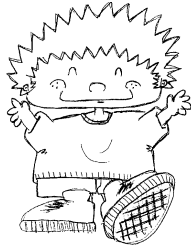### Agency Name—Program Identification (Opt.)

Please fill in child's birth date: Month _____ Day _____ Year _____   Today's Date: _____

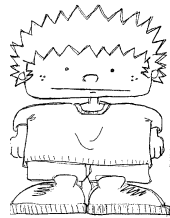Please give us the first and last initials of child's name: First Initial ___   Last Initial ___

Tell us what you think of this program—*Agency Name— Program Identification (Opt.):*

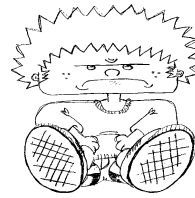## Please put an X on the picture that tells us what you think:
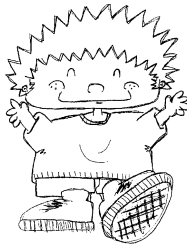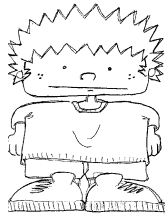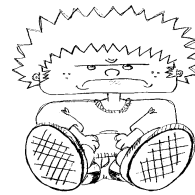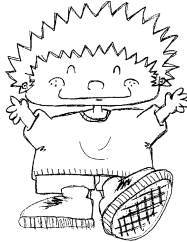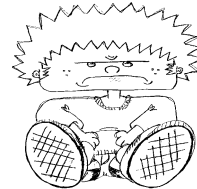
1. Do you think this Program is:

Good   **OK**   **Bad**

2. Are you learning a lot and having fun, too?

Yes   **Maybe**   **No**

3. Are the Program People helpful to you?
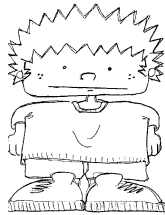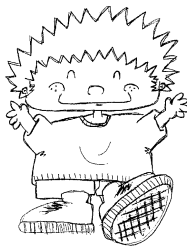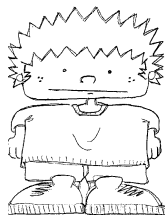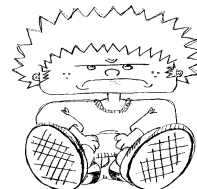
Yes	Maybe	No

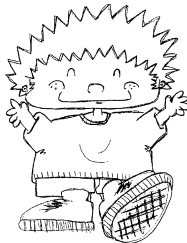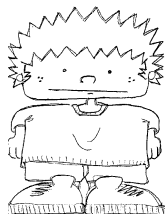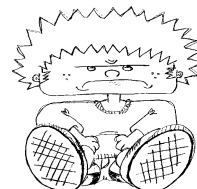## 4. Would you tell a friend or schoolmate to come to this program?

Yes	Maybe	No

5. My health overall is

Good	Okay	Bad

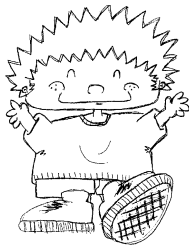## 6. This program makes my schoolwork
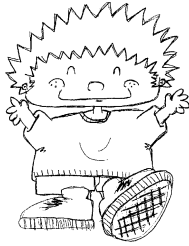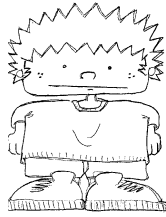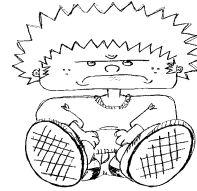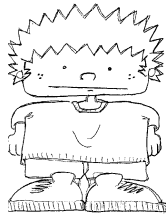
Easier   **Same**   **Harder**

7. This program helps me get along with adults
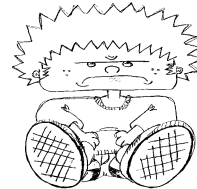
Better   **Same**   **Worse**

8. This program helps me learn new things

Yes   **Maybe**   **No**

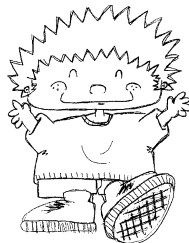## 9. This program helps me stay safe
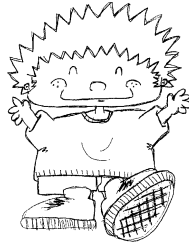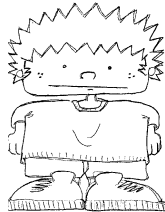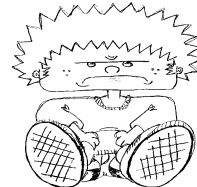
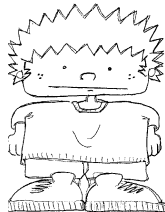| Yes	Maybe	No

10. This program helps me get along with other kids
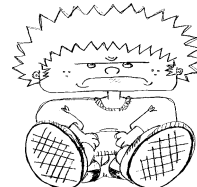
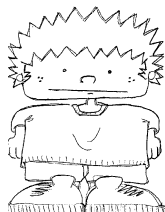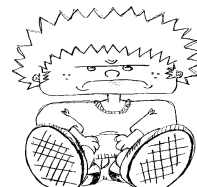| Better	Same	Worse

11. This program makes me feel good about myself

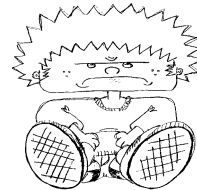| Yes	Maybe	No

12. This program helps me get to know new people of all ages
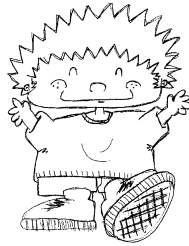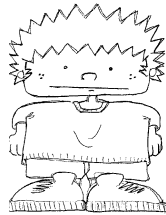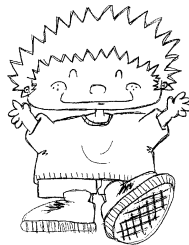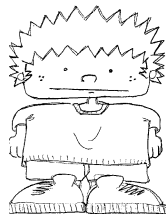
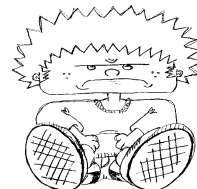Better   Same   Worse

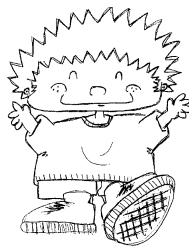## 13. This program makes me practice healthy habits
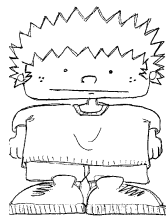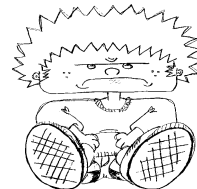
More   Same   Less

14. This program helps me ask the right people about staying healthy

Yes   Maybe   No

15.